

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS235AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/18/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>GARDEN OF EDEN HOME CARE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4509 LILLIPUT LANE</b> <b>LAS VEGAS, NV 89102</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 6/3/10 through 6/18/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed.  Complaint #NV00025522 was substantiated. See Tag Y0050 and Y0590. Other deficiencies cited during onsite investigation; Y0991.  The following deficiencies were identified:	Y 000			
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight  NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and observation on 6/3/10 through 6/18/10, the administrator failed to provide oversight and direction to the staff to ensure 1 of 6 residents received required protective supervision.</p> <p>Findings include:</p> <p>On 5/22/10 a missing persons report was filed for Resident #1 with the Las Vegas Metropolitan Police by the facility.</p> <p>On 6/3/10 a letter was submitted by Employee #1 to the Bureau of Health Care Quality and Compliance. The statement included information on missing Resident #1 who eloped from the facility on 5/22/10.</p> <p>On 6/7/10 Employee #1 stated that the resident pushed his way out of the facility at about 7:30 pm. Employee #2 caught up to the resident and attempted to convince the resident into returning to the facility. The resident refused to come back and obtained help from a bypasser who offered the resident use of a cell phone to place an emergency call. The resident made a 911 call and around 7:50 pm, Resident #1 was transported from the scene to the unknown location. Employee #2 had been asked to leave the scene by the paramedics and did not obtain any information about where the resident was</p>	Y 050			

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Y 050	Continued From page 2  going.  On 6/8/10 an interview with The Operations Manager from American Medical Response (AMR) revealed that a man matching Resident #1's description was removed from the scene by the paramedics on 5/22/10 around 7:50 pm and was transported to an hospital.  On 6/9/10 Case Manager Supervisor of Sunrise Hospital stated Resident #1 was admitted into the hospital on 5/22/10 and later discharged into another group home facility.	Y 050			
Y 590 SS=G	449.268(1)(a) Resident Rights  NAC 449.268 1. The administrator of a residential facility shall ensure that: (a) The residents are not abused, neglected or exploited by a member of the staff of the facility, another resident of the facility or any person who is visiting the facility.  This Regulation is not met as evidenced by: Based on interview, record review and a report from the Elder Protective Services Unit (EPS) of the Aging & Disability Services Department (ADSD) on 6/3/10, the administrator failed to ensure that 1 of 6 residents was not neglected by a member of the staff.  Findings include:  Interview and record review with Employee #1	Y 590			

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Y 590	Continued From page 3  stated Employee #2 followed Resident #1 out of the facility after the resident eloped. The caregiver returned to the facility, leaving the resident unattended by the facility staff.  Interview with Employee #2 confirmed Resident #1 eloped from the facility. Employee #2 admitted he followed the resident outside but came back to the facility without the resident since he could not successfully convince resident to come back.  Report from EPS (Elder Protective Services) sent on 6/3/10 documented Resident #1 had been missing since 5/22/10 and failed to report the incident to the bureau and EPS until 6/3/10. The report indicated that the caregiver was asked to leave by the paramedics, leaving Resident #1 unsupervised.  The facility failed to ensure the location and status of Resident #1 after he was taken from by the paramedics to the hospital on 5/22/10. The resident was missing from the facility for 20 days. During this time his location and status were unknown by the facility. Based on the information provided by the facility the bureau was able to determine resident's location on 6/9/10.  Severity: 3      Scope: 1	Y 590			
Y 991 SS=D	449.2756(1)(b) Alzheimer's Fac door alarm  NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be	Y 991			

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